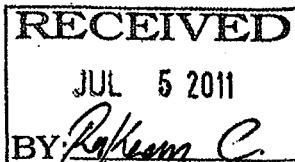


# **EXHIBIT G**



American Arbitration Association  
Dispute Resolution Services Worldwide

**LABOR ARBITRATION RULES**  
**Demand for Arbitration**



<b>MEDIATION:</b> Please consult the AAA regarding mediation procedures. If you would like the AAA to contact the other parties and attempt to arrange a mediation, please check this box <input type="checkbox"/>						
Name of Respondent <input type="checkbox"/> Employer or <input type="checkbox"/> Union Christopher W. Bruce			Name of Representative (if known) John F. Carney (General Manager)			
Contact Person same			Name of Firm (if applicable) R. T. A. Transit Services, Inc.			
Address: 59 William Street			Representative's Address: 287 Grove Street			
City Worcester	State MA	Zip Code 01609	City Worcester	State MA	Zip Code 01605	
Phone No. (508) 753-1075		Fax No. (508) 753-8940	Phone No. (508) 791-9782		Fax No. (508) 752-3153	
Email Address: local22atu@gmail.com			Email Address:			
The named claimant, a party to an arbitration agreement dated 7/01/10, which provides for arbitration under the Labor Arbitration Rules of the American Arbitration Association, hereby demands arbitration.						
Nature of Grievance: Discipline (demotion) not administered according to CBA						
Name of Grievant(s) (if applicable): Edward Rossi Jr.						
Claim or Relief Sought: Made whole, discipline removed from file						
<b>REMINDER:</b> You can file your case online by visiting the AAA's website at <a href="http://www.adr.org">www.adr.org</a> . Please select "AAA Webfile" from the list of side menu options. You may also wish to visit the "Labor" "Focus Area" for a complete list of our administrative services and procedures, including our Expedited Procedures.						
AMOUNT OF FILING FEE ENCLOSED WITH THIS DEMAND (please refer to the rules for the appropriate fee) \$ 225.00						
THE FILING PARTY REQUESTS THAT HEARINGS BE HELD AT THE FOLLOWING LOCALE: Worcester, MA						
You are hereby notified that copies of our arbitration agreement and this demand are being filed with the American Arbitration Association office located in <u>Illkjk</u> , with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within ten days after notice from the AAA.						
Signature (may be signed by a representative) <i>Christopher W. Bruce</i>			Date: 6/30/11			
Name of the Claiming <input checked="" type="checkbox"/> Union or <input type="checkbox"/> Employer Amalgamated Transit Union			Name of Representative			
Address (to be used in connection with this case): 59 William Street			Name of Firm (if applicable)			
City Worcester			State MA		Zip Code 01609	
Phone No. (508) 753-1075		Fax No. (508) 753-8940	City Worcester		State MA	Zip Code 01605
Email Address: local22atu@gmail.com			Representative's Address:			
Phone No. (508) 753-1075			Phone No.		Fax No.	
Email Address:			Email Address:			
To begin proceedings, please send two copies of this Demand and the Arbitration Agreement or relevant contract language, along with the filing fee as provided for in the Rules, to the AAA. Send the original Demand to the Respondent.						
AAA Customer Service can be reached at 800-778-7879						